

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

32614

FILED OCT 7 1952

BIRTH MO.		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 3057		Registrar's No. 75	
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>			
b. CITY OR TOWN <u>Richmond</u>		c. LENGTH OF STAY (in this place) <u>65 years</u>		c. CITY OR TOWN <u>Richmond</u>		d. STREET ADDRESS (If rural, give location) <u>220 South College</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>403 North Thornton</u>				d. STREET ADDRESS (If rural, give location) <u>220 South College</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DEAN</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>STANDOY</u>		4. DATE OF DEATH (Month) <u>September</u> (Day) <u>22</u> (Year) <u>1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 13, 1878</u>	
9. AGE (in years last birthday) <u>74</u>		10. MONTHS <u>3</u>		11. DAYS <u>9</u>		12. HOURS <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labor Work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Stanley</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Craven</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-07-2761</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Stanley</u> ADDRESS <u>Kansas City, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:00 A.M.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. J. B. Baker</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Richmond Mo</u>		23c. DATE SIGNED <u>9-29-52</u>	
24a. BURL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>October 26, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Luxury Lane</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 29-1952</u>		REGISTRAR'S SIGNATURE <u>Ma. J. Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>2401 S. 1st St. FUNERAL HOME</u>		ADDRESS <u>Richmond, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed


.....
Licensed Embalmer No. 4066

P. O. Address 
.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.